

State Well Report

Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

County Coahoma
Permit # GW-47119
Driller Teddy Coats
Date drilling completed 4-1-14

Aquifer: _____
Well #: A 42
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Evans Planting Comp</u>	Latitude: <u>34° 26' 06"</u> Longitude: <u>90° 27' 29"</u>
Mailing Address: <u>1590 Cranberry Road</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Coahoma Ms 38617</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 36 Twn 30 N Rng 03 W</u>
Telephone No. () _____	Distance <u>3</u> Miles Direction <u>E</u> of Nearest Town <u>Lula</u>

Well / Borehole Data

Date drilling started: 4-1-14 Date drilling completed: 4-1-14 Hole depth: 117 Hole diameter: 22 in

Location of the source of any surface water used for drilling: Nearest Well

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 4-1-14

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.35 inches Setting depth: From 0 feet to 70 feet

Type of completion (circle all applicable): Gravel packed Underreamed 27 Telescoped Open hole Natural Development

(Other (describe): _____)

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

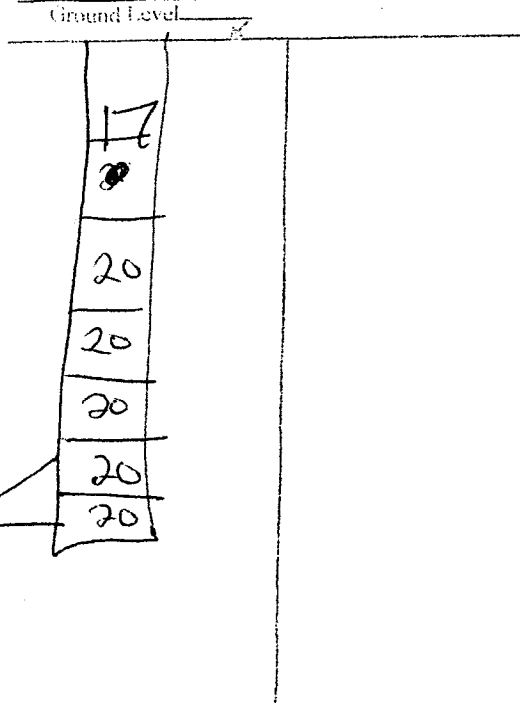
Form: OLWR-SWR-1A (04/08)
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A 42

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

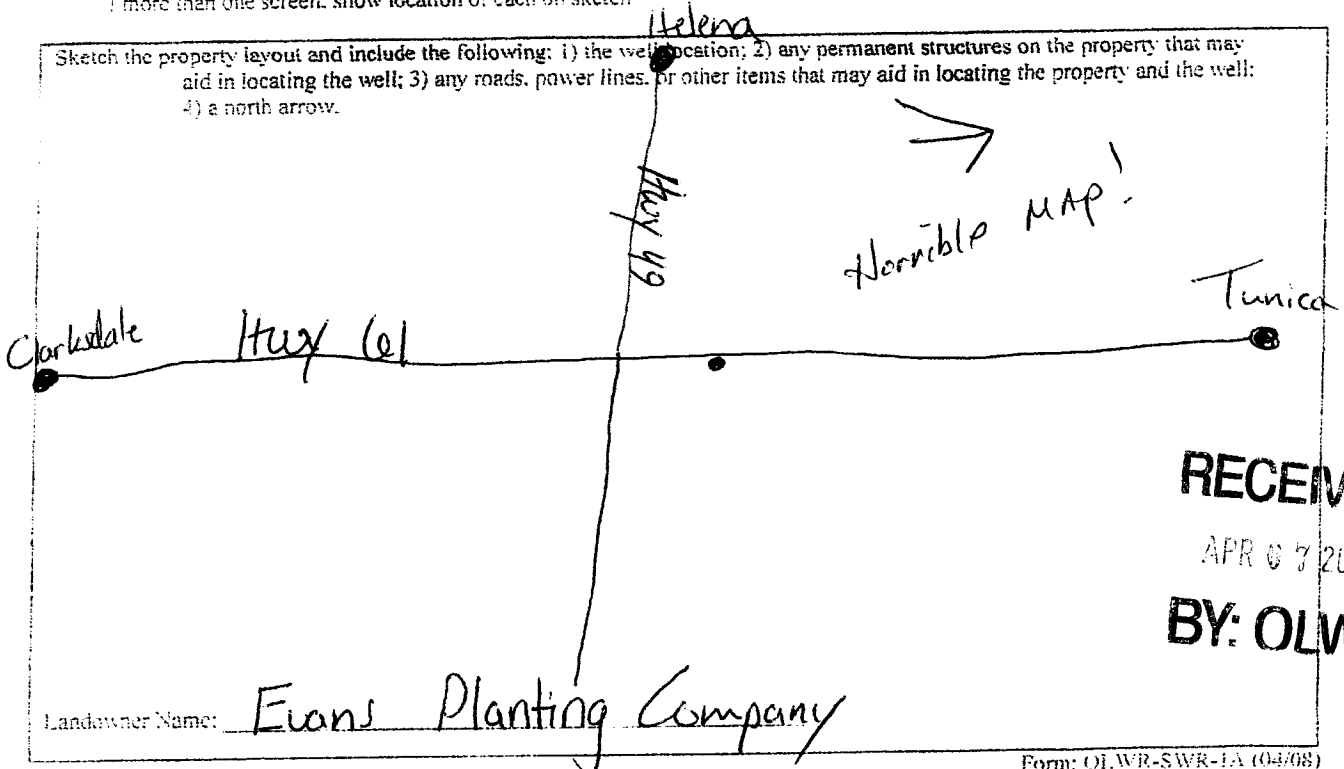
(If well telescopes, show depths on sketch)



Description of Formations Encountered	From (depth)	To (depth)
Gumbo	(Ground Level)	20
Sand	20	40
Sand	40	60
Coarse sand	60	80
gravel	80	100
gravel	100	117
Gumbo		

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Teddy Coats 5318 4-1-14
Print Name of Responsible Licensee and License No. Date

Teddy Coats
Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #:
Aquifer:

County: COAHOMA
Permit #: GW 47119
Driller: JOLTEO WELL SERVICE
Date completed: 4-1-14
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information: EVANS PLTB CO, 1590 GRANBERRY RD, COAHOMA MS 38647, Telephone No. (662) 358-7798
Well Location: Latitude: 34° 26' 06" Longitude: 90° 27' 29", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 NE 1/4, Sec 36 T 30N R 03W, 1 1/4 Miles SE of LULA

Pump Type (circle one): Submersible
Date Pump Installed: 4-2-14
Rated Pump Capacity: 850 Gallons Per Minute
Is This Pump (circle one): New

Power Type (circle one): Electric
Horse Power Rating of Motor: 15
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data for Non Flowing Well
Date Well Tested:
Duration of Pump Test (minimum 4 hours):
Static Water Level (A): 22 Feet Below Land Surface
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Method of measurement (circle one): Steel tape

Pump Test Data for Flowing Well
Measured shut in head:
Well yielded GPM with a drawdown of feet after hours of pumping

Meter Installation
Meter Manufacturer: N/A
Meter Serial Number:
Meter Model Number/Name:
Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Installation Date:
Meter installed by:
Is This Meter (circle one): New
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge
DAVID P. HOLT 0-752P 4-2-14
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

14-0191